

### AMENDMENTS TO THE SPECIFICATION

Please amend the paragraphs [0077] and [0086], as follows:

[0077] In one embodiment, the legs 144 of the proximal anchor 112 apply a lower spring force to the septum wall 210 than the legs 124 of the distal anchor 110 so that variations in septum wall thickness are accommodated by variations in the position of the proximal anchor legs 144 as shown in Figures 20 and 21. Figure 20 shows a relatively thin septum wall 210 with a thickness 230. In order to securely anchor the sensor, the legs 144 of the proximal anchor 112 will extend distally until their distal motion is stopped by the pressure of the septum wall 210. In the embodiment of Figure 21, the septum wall ~~210~~210B is substantially thicker 231, thereby causing the legs 144 of the proximal anchor 112 to extend a shorter distance distally than in the embodiment of Figure 20. This difference in anchored position of the proximal anchor legs 144 can also be seen in the difference in the dimensions 232 and 234. As shown in Figures 20 and 21, the distance 232 in Figure 20 between the proximal edge of the proximal ring 140 and the proximal surface of the septum wall 210 is greater than a corresponding distance 234 for the thicker septum wall 210B of Figure 21.

[0086] Methods of retrieving the anchor and sensor assembly will now be described with reference to Figures 31-35. Once a retrieval device 250, 280 is in position with the grasping hooks 254, 292 engaged on a proximal ring 140 of the proximal anchor 112, the retrieval device 250, 280 is pulled proximally until the proximal ring 140 of the proximal anchor 112 enters the distal end of the delivery catheter 220. At this point, the radiopaque markers of the retrieval device (300), the proximal ring 140 and the delivery catheter ~~(225)~~(220) are all aligned with one another. The stylet 224 is then held fixed to maintain the position of the sensor while the proximal anchor 112 is stretched, causing it to compress, by drawing back both the catheter and the retrieval implant. Once the proximal anchor 112 is stretched to its compressed state, it can be introduced into the catheter 220 by holding the ribbon 262 stationary and advancing the delivery catheter 220 over the proximal anchor 112, while holding the sensor 120, the proximal anchor 112 and distal anchor 110 substantially stationary with the stylet 224.